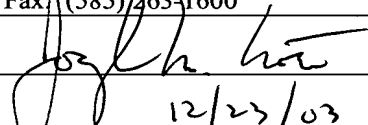
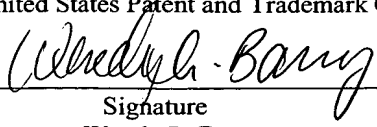


TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/658,008
		Filing Date	September 9, 2003
		First Named Inventor	Zhang et al.
		Group Art Unit	1723
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	200701/1127

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Second Preliminary Amendment	<input checked="" type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Request For Correction Of Inventorship Under 37 C.F.R. § 1.48(c)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	<input checked="" type="checkbox"/> Statement of Thomas N. Corso
<input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53		<input checked="" type="checkbox"/> Statement of Gary A. Schultz
		<input checked="" type="checkbox"/> Statement of Simon J. Prosser
		<input checked="" type="checkbox"/> Consent of Assignee Advion Biosciences, Inc.
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600
Signature	 Registration No. 32,163
Date	12/23/03

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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